# **Summary of Safety and Effectiveness**

## StealthStation® System GoldenEye™ Micro- Magnetic **Tracking System Option**

I. Company: Medtronic Surgical Navigation Technologies

530 Compton St.

Broomfield, CO 80020

(303) 439-9709

#### Product Name: StealthStation® System GoldenEye™ Micro-Magnetic II. **Tracking System Option**

- III. This submission describes updates made to the StealthStation® System to provide for tracking of instruments via the use of an electromagnetic tracking system.
- The indications for use for the StealthStation® System have not changed and are as follows:

#### Indications For Use:

The StealthStation® System is intended as an aid for precisely locating anatomical structures in either open or percutaneous procedures. The StealthStation® System is indicated for any medical condition in which the use of stereotactic surgery may be appropriate, and where reference to a rigid anatomical structure, such as the skull, a long bone, or vertebra, can be identified relative to a CT or MR based model or fluoroscopy images of the anatomy.

Example procedures include, but are not limited to:

Cranial Procedures:

Spinal Procedures:

Cranial biopsies.

Tumor resections. Craniotomies/ Craniectomies.

Skull base procedures.

Thalamotomies/Pallidotomies.

Spinal implant procedures, such as pedicle screw

placement.

**ENT Procedures:** 

Transphenoidal procedures. Intranasal procedures.

Sinus procedures, such as Maxillary antrostomies, Ethmoidectomies, Sphenoidotomies/Sphenoid explorations, Turbinate resections, and

Frontal sinusotomies.

V. The StealthStation® System GoldenEye Micro-Magnetic Tracking System Option was shown to be substantially equivalent to the original StealthStation® System with active probes and the StealthStation® with Passive Option. Performance data was provided to support the claim of substantial equivalence. In addition, StealthStation® System GoldenEye Micro-Magnetic Tracking System Option was found to be substantially equivalent to the VTI Insta Trak 3000 System as well as the Compass International Regulus Measurement Unit /Regulus Navigator.



JUN 1 2 2000

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Ms. Victoria G. Rendon Clinical and Regulatory Affairs Associate Medtronic Surgical Navigation Technologies 530 Compton Street Broomfield, Colorado 80020

Re:

K001284

Trade Name: StealthStation® System GoldenEye™

Micro-Magnetic Tracking System

Regulatory Class: II Product Code: HAW Dated: April 20, 2000 Received: April 21, 2000

#### Dear Ms. Rendon:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

### Page 2 - Ms. Victoria G. Rendon

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4595. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Donne R. Vochner

Director

Division of General and

Restorative Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

**Enclosure** 

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510(k) Number (if known):	(001284
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:	
(PLEASE DO NOT WRITE BEL PAGE IF NEEDED)	OW THIS LINE-CONTINUE ON ANOTHER
Concurrence of CDRH	, Office Of Device Bysquation (QDE)

(Division Sign-Off)

OR

Division of General Restorative Devices

Over-The-Counter\_\_\_\_

(Optional Format 1-2-96)

510(k) Number K001284

Prescription Use \\_

(Per 21 CFR 801.109)